

Council Variance Application

757 Carolyn Avenue, Columbus, Ohio 43224
Phone: 614-645-7433 • www.bzs.columbus.gov

OFFICE USE ONLY

Application Number: _____ Date Received: _____

Application Accepted by: _____ Fee: _____

Comments: _____

LOCATION AND ZONING REQUEST:

Certified Address (for zoning purposes only): _____ Zip: _____

Is this application being annexed into the City of Columbus? Select one: ☐ YES ☐ NO

If the site is currently pending annexation, Applicant must show documentation of County Commissioner's adoption of the annexation petition.

Parcel Number for Certified Address: _____

☐ **Check here if listing additional parcel numbers on a separate page.**

Current Zoning District(s): _____

Area Commission or Civic Association: _____

Proposed Use or reason for Council Variance request:

Acreage: _____

APPLICANT:

Name: _____ Phone Number: _____ Ext.: _____

Address: _____ City/State: _____ Zip: _____

Email Address: _____ Fax Number: _____

PROPERTY OWNER(S) ☐ **Check here if listing additional property owners on a separate page**

Name: _____ Phone Number: _____ Ext.: _____

Address: _____ City/State: _____ Zip: _____

Email Address: _____ Fax Number: _____

ATTORNEY / AGENT (Check one if applicable): ☐ Attorney ☐ Agent

Name: _____ Phone Number: _____ Ext.: _____

Address: _____ City/State: _____ Zip: _____

Email Address: _____ Fax Number: _____

SIGNATURES (All signatures must be provided and signed in **blue** ink)

APPLICANT SIGNATURE _____

PROPERTY OWNER SIGNATURE _____

ATTORNEY / AGENT SIGNATURE _____

My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that the City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc. may delay the review of this application.

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COUNCIL VARIANCE APPLICATION CHECKLIST

The application package must consist of TWO (2) COMPLETE SETS of all items listed below, one of which must contain the original signed forms.

- ☐ **The Application Form**
- ☐ **Statement of Hardship**
- ☐ **Notarized Affidavit Form and Label Sets** (see instructions on the form)
- ☐ **Notarized Project Disclosure Statement** (see instructions on the form)
- ☐ **Certified Address**
A certified address can be obtained at the Columbus Department of Public Service, Division of Planning & Operations; 50 W. Gay Street, 1st floor, Columbus, Ohio 43215, Phone (614)645-5661.
- ☐ **Legal Description of the Subject Property**
Current property survey to include acreage of the subject property and all metes and bounds, referencing the centerline intersection of two public streets. Acceptance of subdivision lot numbers with corresponding plat map copies is contingent upon staff review. If more than one zoning district is requested in this application, separate legal descriptions must be submitted for each district. In addition to paper copies, submit your legal description on a CD ROM in MS Word or plain ASCII text file.
- ☐ **Location Maps (E-plot and A-plot maps)**
Location maps shall consist of subject site outlined or highlighted on an E-plot and on an A-plot using ALL data layers. Location maps must be to engineer's scale. E-plot and A-plot maps are available from the Franklin County Auditor's Map Room; 373 S. High Street, 19th floor, Columbus, Ohio 43215, Phone (614)525-4663. If in another county, a comparable map must be obtained.
- ☐ **Site Plan**
The site plan must be drawn to Engineer's scale and provide applicable information as itemized on the Zoning Review Checklist Form or Site Plan Information Required for 1, 2, and 3 units Form available at www.bzs.columbus.gov. A total of two (2) 2' x 3' original scale plans and two (2) 8-1/2" x 11" reductions, and a site plan saved as a TIF or PDF file submitted on a CD ROM are required.
- ☐ **Application Fees (Non-Refundable)**

1-4 Dwelling Units	\$320.00
All Other Variances	\$1,600.00 per acre for the first acre plus \$160.00 for each additional acre or fraction thereof
Maximum Fee	\$7,000.00

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INSTRUCTIONS FOR AFFIDAVIT

- (1) Name and address of the person who did the research. It is important that the person who does the research is the same person who signs the notarized affidavit.
- (2) Address of the subject as indicated on the address card from the Department of Public Service, Division of Planning & Operations; 50 W. Gay Street, 1st floor, Columbus, Ohio 43215, Phone (614) 645-5661.
- (3) Leave blank - we will fill this out at the time of application.
- (4) From real property records located on the 19th floor of the Franklin County Court House Building, 373 South High Street, or other records; enter the name and address of the owner(s) of the property the application is for (this must be the same as the "Property Owners" shown on the application).
- (5) Fill in the appropriate Area Commission/Civic Association and complete contact information. This information can be obtained by contacting Michael Puckett, Manager; Neighborhood Liaisons at (614) 645-3219.
- (6) A "Variance Report" listing the surrounding property owners can be obtained at the Franklin County Auditor's office. From the same records as in Item #4, enter the name and complete the mailing address (including zip code) of the owners of all property located within 125 feet of the subject site or the boundaries of ownership in the event that one or more property owners of the subject site owns contiguous property. This shall include properties across the street and in other municipalities and jurisdictions, if applicable. Also, include the owners of any property within 125 feet of the applicant's property in the event the applicant or the property owner of the subject site owns the property contiguous to the subject property.
 - (6a) It is the affiant's responsibility to determine the actual address, including personally visiting the properties, if necessary.
 - (6b) **DO NOT list a mortgage company as a mailing address** for the property unless title to the property is held by the mortgage company, thereby making the company the actual property owner. It is the affiant's responsibility to exercise reasonable diligence to determine the address of the actual property owner.
 - (6c) If property owners appear on the list more than once, please provide only one mailing label.
- (7) **Please submit label information in Avery #5160 format (example provided) as one master set saved as an MS Word document on a CD ROM, plus one (1) master set on paper, listing the names and complete addresses of the applicant; the property owner(s); attorney/agent; applicable Area Commission or neighborhood group; and surrounding real property owners as explained in (6) above. Make sure that the last two lines of the address label contain the street address and the city, state, and zip code.**
- (8) This Affidavit form must be signed in the presence of a Notary Public.
- (9) The Affidavit expires six (6) months after date of notarization.

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AFFIDAVIT (See instruction sheet)

Application Number: _____

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn **(1)** NAME _____
of **(1)** MAILING ADDRESS _____

deposes and states that (he/she) is the applicant, agent, or duly authorized attorney for same and the following is a list of the name(s) and mailing address(es) of all the owners of record of the property located at

(2) per ADDRESS CARD FOR PROPERTY _____

for which application for a rezoning, variance, special permit or graphics plan was filed with the Department of Building and Zoning Services, on **(3)** _____

(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNERS NAME **(4)** _____
AND MAILING ADDRESS _____

APPLICANT'S NAME AND PHONE # _____
(same as listed on front application) _____

AREA COMMISSION OR CIVIC GROUP **(5)** _____
AREA COMMISSION ZONING CHAIR _____
OR CONTACT PERSON AND ADDRESS _____

and that the attached document (6) is a list of the **names** and **complete mailing addresses**, including **zip codes**, as shown on the **County Auditor's Current Tax List or the County Treasurer's Mailing List**, of all the **owners of record of property within 125 feet** of the exterior boundaries of the property for which the application was filed, **and** all of the owners of any property within 125 feet of the applicant's or owner's property in the event the applicant or the property owner owns the property contiguous to the subject property (7)

☐ **(7)** Check here if listing additional property owners on a separate page.

(8) SIGNATURE OF AFFIANT _____

Sworn to before me and signed in my presence this _____ day of _____, in the year _____

(8) SIGNATURE OF NOTARY PUBLIC

My Commission Expires

Notary Seal Here

This Affidavit expires six (6) months after the date of notarization.

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PROJECT DISCLOSURE STATEMENT

Parties having a 5% or more interest in the project that is the subject of this application.

THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate 'NONE' in the space provided.

APPLICATION # _____

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) _____
of (COMPLETE ADDRESS) _____

deposes and states that (he/she) is the APPLICANT, AGENT, OR DULY AUTHORIZED ATTORNEY FOR SAME and the following is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of this application in the following format:

Name of business or individual
Business or individual's address
Address of corporate headquarters
City, State, Zip
Number of Columbus based employees
Contact name and number

1.	2.
3.	4.

☐ Check here if listing additional property owners on a separate page.

SIGNATURE OF AFFIANT _____

Sworn to before me and signed in my presence this _____ day of _____, in the year _____

Notary Seal Here

SIGNATURE OF NOTARY PUBLIC

My Commission Expires

This Project Disclosure expires six (6) months after the date of notarization.

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PRE-APPLICATION REVIEW WORKSHEET

THIS PAGE WILL BE COMPLETED AT THE PRE-APPLICATION REVIEW MEETING BY CITY STAFF

<input type="checkbox"/> Address of location of the site	_____
<input type="checkbox"/> Annexation status	_____
<input type="checkbox"/> Current development on the property	_____
<input type="checkbox"/> Current zoning and legal use of the property (Attach computer record if applicable)	_____
<input type="checkbox"/> Proposed use of the site	_____
<input type="checkbox"/> Zoning Districts, Variances or Special Permit requested	_____
<input type="checkbox"/> Total acreage of the site	_____
<input type="checkbox"/> Site location - Attach and identify here the types of maps referenced (Zoning Map/GIS Map)	_____
<input type="checkbox"/> Special development review standards:	
Flood plain	_____
Airport Environs Overlay	_____
Historic Districts [HRC, Architectural Review, Listed Property]	_____
Traffic Standards Code [Right of Way, TIS, other].....	Dan Blechsmidt, Planning & Operations Division, (614) 645-1694
Parkland (land, easements, bike paths, other).....	Kathy Spatz, Dept. of Recreation & Parks, (614) 645-0487
Zoning Clearance (Site plan review)	_____
Other	_____
<input type="checkbox"/> Review of Public Notice Affidavit requirements	_____
<input type="checkbox"/> Adopted Area Plan or Development Policies	_____
<input type="checkbox"/> Recommendation/Other	_____
<input type="checkbox"/> Preliminary Review of Limitation text or planned district text standards	_____
<input type="checkbox"/> Area Commission or other Community Group	_____
<input type="checkbox"/> Proposed Hearing Date	_____
<input type="checkbox"/> Cut-off Date for Proposed Hearing Date	_____
<input type="checkbox"/> Items to be completed or revised before submittal	(1) _____
	(2) _____
	(3) _____
	(4) _____
	(5) _____
<input type="checkbox"/> Requested Variances: _____	

Comments [Applicant] _____

Comments [City] _____

Staff met with _____ on _____ regarding this proposed application
and applicant received a copy of this pre-application worksheet.

City Staff Representative _____ Date _____

Note: This **Pre-Application Review** is preliminary, based upon the information presented. This document is to allow staff to become acquainted with the proposal and to identify issues relevant to the application. Additional information may be necessary after City Staff formally reviews your request.

Standardized Recommendation Form

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FOR USE BY: AREA COMMISSION / COMMUNITY GROUP / HISTORIC ARCHITECTURAL REVIEW

Case Number _____

Address _____

Group Name _____

Meeting Date _____

Specify Case Type

- ☐ **BZA Variance / Special Permit**
- ☐ **Council Variance**
- ☐ **Rezoning**
- ☐ **Graphics Variance / Plan / Special Permit**

Recommendation ☐ **Approval**
(Check only one) ☐ **Disapproval**

NOTES:

Vote _____

Signature of Authorized Representative _____

Recommending Group Title _____

Daytime Phone Number _____

Please **e-mail** this form to **the assigned planner within forty-eight (48) hours of your meeting day; or FAX to Zoning** at (614) 645-2463; OR **MAIL** to: Zoning, City of Columbus, Department of Building & Zoning Services, 757 Carolyn Avenue, Columbus, Ohio 43224.

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EXAMPLE LABEL SET

APPLICANT

ACME Inc.
c/o Brad Clark
555 Main Street
Anytown, USA 10000

PROPERTY OWNER

Jeffrey Jackson
430 Main Street
Anytown, USA 10000

ATTORNEY

John W. Smith
Law Office LP
123 Main Street
Anytown, USA 10000

AREA COMMISSION OR NEIGHBORHOOD GROUP

Civic Group
c/o Zoning Chair Person
100 Main Street
Anytown, USA 10000

SURROUNDING PROPERTY OWNERS

Jeffrey Johnson
430 Main Street
Anytown, USA 10000

Robert Miller
425 Main Street
Anytown, USA 10000

Jane Lewis
429 Main Street
Anytown, USA 10000

Country Snaps LP
c/o Shopping Centers Inc.
355 Town Street
Anytown, USA 10000

Joel and Carla Nelson
434 Main Street
Anytown, USA 10000

Susan Griffin
505 High Street
Anytown, USA 10000

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PUBLIC HEARINGS APPLICATION INSTRUCTIONS

Applications must be submitted by appointment. Call 614-645-4522 for Public Hearings staff to schedule. All applications must be submitted in duplicate.

THINGS TO REMEMBER

- ☐ Applications are accepted by appointment only.
- ☐ Incomplete applications will NOT be accepted.
- ☐ Applicants must confirm whether the subject site lies within the boundaries of an Area Commission, Historic Architectural Review Commission or recognized civic association. This information can be obtained at <http://columbus.gov/areacommissions/>. You may also contact the Neighborhood Liason for the area where the site is located.
- ☐ The applicant must arrange to meet with the group identified above, and obtain a written recommendation prior to the public hearing.
- ☐ Be advised that the applicant will be assessed additional fees for requests for tabling, reconsideration, amended proposals, etc. These fees are listed on the Department of Building and Zoning Services website.
- ☐ The City of Columbus makes no determination whether a property contains area(s) that might be classified as wetlands by the Army Corps of Engineers and the Ohio Environmental Protection Agency; nor does approval at the public hearing imply the site has complied with wetlands guidelines. It is the applicant's responsibility to determine if wetlands exist on the site.
- ☐ A traffic impact and/or access study may be required by the Department of Public Service, Division of Planning and Operations; the applicant should make contact for this determination as early as possible. All traffic studies must be submitted **forty-five (45) days prior** to the deadline for the public hearing agenda.
- ☐ For properties undergoing annexation, applications cannot be accepted until the County Commissioners have approved the annexation petition.
- ☐ All zoning legislation passed by City Council becomes effective thirty (30) days after passage unless amended to emergency with the approval of the City Clerk's Office. Applicants should contact the City Clerk's Office at 614-645-7380 for information about requesting emergency legislation. Board of Zoning Adjustment and Graphics Commission actions are effective immediately. Applications for building permits may not be submitted until the legislation is effective.
- ☐ Other permits, clearances, and/or licenses may be required.

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Development Commission Schedule

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CUTOFF

November 4, 2014

December 2, 2014

December 30, 2014

February 3, 2015

March 3, 2015

March 31, 2015

May 5, 2015

June 2, 2015

July 30, 2015

August 4, 2015

September 1, 2015

September 29, 2015

November 3, 2015

December 1, 2015

January 5, 2016

February 2, 2016

March 1, 2016

HEARING DATE

(Rezoning Applications Only)

January 8, 2015

February 12, 2015

March 12, 2015

April 9, 2015

May 14, 2015

June 11, 2015

July 9, 2015

August 13, 2015

September 10, 2015

October 8, 2015

November 12, 2015

December 10, 2015

January 14, 2016

February 11, 2016

March 10, 2016

April 14, 2016

May 12, 2016